

FORM RS-1
Uniform Application for Single State Registration
for Motor Carriers Registered with the Secretary of Transportation

Motor Carrier Identification Numbers:

FMCSA/ MC No: _____ **US DOT No:** _____ **SSN/FEIN:** _____

Phone: [] _____ - _____

FAX No: _____

APPLICANT {Identical to name on FMCSA order} and **PRINCIPAL PLACE OF BUSINESS**¹:

Name: _____

D/B/A: _____

Street: _____

City/State/Zip: _____

MAILING ADDRESS (If different from Business Address above):

Street: _____

City/State/Zip: _____

TYPE OF REGISTRATION: (Check One)

- [] **New Carrier Registration** - The motor carrier has not previously registered.
[] **Annual Registration** - The motor carrier is renewing its annual registration.
[] **New Registration State Selection** - The motor carrier has changed its principal location. The prior registration state was _____.

TYPE OF MOTOR CARRIER: (Check One)

- [] Individual [] Partnership [] Corporation

If corporation, give state in which incorporated: _____

List name(s) of partners or officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

TYPE OF FMCSA REGISTERED AUTHORITY: (Check One)

- [] Permanent Certificate or Permit [] Temporary Authority (TA)
[] Emergency Temporary Authority (ETA)

TYPE OF MOTOR CARRIER OPERATION: (Check one)

- [] **Transporter of PROPERTY** - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
[] **Transporter of PROPERTY** - Using only freight vehicles with a gross vehicle weight rating less than 10,000 pounds.
[] **Transporter of PASSENGERS** - Using vehicles with a seating capacity of 16 passengers or more.
[] **Transporter of PASSENGERS** - Using only vehicles with a seating capacity of 15 passengers or less.

¹ **A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains its operational records.**

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FMCSA CERTIFICATE(S) OR PERMIT(S): (Check One)

- ☐ FMCSA Authority Order(s) must be attached for first year registration.
- ☐ FMCSA Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY (PL/PD) SECURITY: (Check only one block)

- ☐ The applicant or its insurance company will file a copy of its proof of public liability security with the registration state.
- ☐ The applicant or its insurance company has filed a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS: (Check One)

- ☐ The applicant will NOT haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 387.303.
- ☐ The applicant will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 387.303.

PROCESS AGENT: (Check One)

- ☐ FMCSA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

Name (Printed) _____

Signature _____

Title _____

Telephone Number _____ Date _____

Return Completed Form to:

MA Department of Public Utilities - Transportation Oversight Division
One South Station
Boston, MA 02110
Phone: (617) 305-3559
Fax: (617) 478-2598

**PAYMENT WILL BE ACCEPTED ONLY IN THE FORM
OF CASH, CERTIFIED CHECK, OR MONEY ORDER.
PLEASE MAKE CHECKS PAYABLE TO THE
COMMONWEALTH OF MASSACHUSETTS.**